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This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>437</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>408</u>
Town of <u>Hayden</u>			Local Registrar's No. _____
or _____			
City of _____	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD <u>Dionicio Torres</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	<input checked="" type="checkbox"/>
Sex of Child <u>Male</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <u>1st</u>
		Legitimate? <u>yes</u>	Date of Birth <u>July 22</u> 191 <u>9</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Berfido Torres</u>	Full Maiden Name <u>Margaretta Ilwora</u>		
Residence <u>Hayden, Junction</u>	Residence <u>Hayden, Junction</u>		
Color or Race <u>Mex.</u>	Color or Race <u>Mex.</u>		
Age at last Birthday <u>25</u> (Years)	Age at last Birthday <u>27</u> (Years)		
Birthplace <u>Mexico</u>	Birthplace <u>Mexico</u>		
Occupation <u>Section laborer</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>5</u>	Number of children, of this mother, now living <u>5</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>July 22</u> 191 <u>9</u> , at <u>6a.</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report _____ 191____		(Signature) <u>W. B. Carson</u>	(Attending physician, midwife, householder. *)
		Address <u>Hayden, Arizona</u>	
<u>432-722-441</u>		LOCAL REGISTRAR	
COUNTY REGISTRAR.		FILED <u>July 23 1919</u>	
		FILED <u>AUG 8 1919</u>	
		A True Copy	
		<u>B. G. Joy</u>	
		COUNTY REGISTRAR.	